

440

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 440	
County <u>Cocon</u>	District <u># 1-</u>	ORIGINAL CERTIFICATE OF DEATH	
Town <u>Florence</u>	Or City <u>Florence</u>	County Registered No. <u>1207</u>	
Local Registrar's No. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Mammy Jane Addington Sipe</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	Color or Race <u>White</u>	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OF DIVORCED	
DATE OF BIRTH <u>Oct 12 1915</u>	(Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>1</u> mos. <u>1</u> days	If less than 1 day hrs. or min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Georgia</u>			
PARENTS	NAME OF FATHER <u>Jos. M. Addington</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Georgia</u>		
	MAIDEN NAME OF MOTHER <u>Bradley</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>M. B.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>M. J. Sipe</u>			
(Address) <u>Florence</u>			
PLACE OF BURIAL OR REMOVAL <u>Florence</u>	DATE OF BURIAL OR REMOVAL <u>Dec-14-1920</u>		
UNDERTAKER <u>D. O. Martin</u>	ADDRESS <u>Florence</u>		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Dec 13 1920</u>			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from 191... to 191...; that I last saw h... alive on 191... and that death occurred on the date stated above at <u>8:30 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Evidently organic heart disease. Dies before I arrived, and I had not names for previously</u>			
(Duration) yrs. mos. days			
Was disease contracted in Arizona? _____			
If not, where? _____			
CONTRIBUTORY _____			
(Duration) yrs. mos. days			
(Signed) <u>W. G. Ramey</u>			
<u>Dec 15 1920</u> (Address) <u>Florence</u>			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death: yrs. mos. ds. In Arizona yrs. mos. ds.			
Former or Usual Residence _____			
Filed <u>Dec 14 1920</u> <u>W. G. Ramey</u> Local Registrar			
Filed <u>Jan 24 1921</u> <u>W. G. Ramey</u> County Registrar			